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DOCKET NO. N00401/70005 INB

## REQUEST FOR CONTINUED EXAMINATION (RCE) TRANSMITTAL

Subsection (b) of 35 U.S.C. § 132, effective on May 29, 2000, provides for continued examination of an utility or plant application filed on or after June 8, 1995. See The American Inventors Protection Act of 1999 (AIPA).

Application Number	09/585,072
Confirmation Number	5741
Filing Date	June 1, 2000
First Named Inventor	Gavriel Vexler
Group Art Unit	2831
Examiner Name	William H. Mayo III

This is a Request for Continued Examination (RCE) under 37 C.F.R. § 1.114 of the above-identified application.

**NOTE:** 37 C.F.R. § 1.114 is effective on May 29, 2000. If the above-identified application was filed prior to May 29, 2000, **you** may wish to consider filing a continued prosecution application (CPA) under 37 C.F.R. § 1.53 (d) instead of an RCE to be eligible for the patent term adjustment provisions of the AIPA.

### 1. Submission required under 37 C.F.R. § 1.114

#### a. Previously submitted

- i. ☒ Consider the amendment(s)/reply under 37 C.F.R. § 1.116 previously filed on 8/23/02.
- ii. ☐ Consider the arguments in the Appeal Brief or Reply Brief previously filed on .
- iii. ☐ Other:

#### b. Enclosed is/are:

- i. ☐ Amendment/Reply
- ii. ☐ Affidavit(s)/Declaration(s)
- iii. ☐ Information Disclosure Statement (IDS)
- iv. ☒ Other: Return Receipt Postcard

### 2. Miscellaneous

- a. ☐ Suspension of action on the above-identified application is requested under 37 C.F.R. § 1.103(c) for a period of \_\_\_ months. (Period of suspension shall not exceed 3 months) and the Fee of **\$130.00** under 37 C.F.R. § 1.17(i) is enclosed.
- b. ☐ Other:

### 3. Fees - The RCE fee under 37 C.F.R. § 1.17(e) is required by 37 C.F.R. § 1.114 when the RCE is filed.

- a. ☒ Enclosed is a check in the amount of \$850.00 which covers:
  - i. ☒ RCE fee required under 37 C.F.R. § 1.17(e)
  - ii. ☒ One Month Extension of time fee (37 C.F.R. §§ 1.136 and 1.17)
  - iii. ☐ Other

### 4. If the filing of this RCE necessitates an extension of time under 37 CFR § 1.136(a), the applicant hereby requests such extension of time.

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5. If there is no check enclosed, or if the amount of the enclosed check in this RCE is incorrect, the Director is hereby authorized to charge any deficiency or credit any overpayment to Deposit Account No. 23/2825.

6. CORRESPONDENCE ADDRESS

Correspondence address below

CUSTOMER NUMBER:



**23628**

OR

ATTORNEY'S NAME	Ilan N. Barzilay, Reg. No. 46,540				
FIRM NAME	Wolf, Greenfield & Sacks, P.C.				
ADDRESS	600 Atlantic Avenue				
CITY	Boston	STATE	MA	ZIP	02210
COUNTRY	USA	TELEPHONE	(617) 720-3500	FAX	(617) 720-2441

7. SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

NAME	Ilan N. Barzilay, Reg. No. 46,540
SIGNATURE	
DATE	10/2/02

CERTIFICATE OF MAILING UNDER 37 C.F.R. §1.8(a)

The undersigned hereby certifies that this document is being placed in the United States mail with first-class postage attached, addressed to **BOX RCE**, Commissioner for Patents, Washington, D.C. 20231, on the 2<sup>nd</sup> day of October, 2002

Donna Petre

# PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number

09/582,072

## CLAIMS AS FILED - PART I

(Column 1)

(Column 2)

TOTAL CLAIMS		
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	16 minus 20 = *	—
INDEPENDENT CLAIMS	4 minus 4 = *	—
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

\* If the difference in column 1 is less than zero, enter "0" in column 2

## CLAIMS AS AMENDED - PART II

(Column 1)

(Column 2)

(Column 3)

AMENDMENT	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	Minus	**
	Independent	Minus	***
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>		

(Column 1)

(Column 2)

(Column 3)

AMENDMENT	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	Minus	**
	Independent	Minus	***
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>		

(Column 1)

(Column 2)

(Column 3)

AMENDMENT	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	Minus	**
	Independent	Minus	***
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>		

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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